

APPLICATION FOR PURCHASE OF MILITARY SERVICE CREDIT

Name of Applicant _____ SSN (last 4 digits only) _____

Mailing Address _____

Employer _____

The following questions must be answered before we can proceed with the computation of purchasing your military service credit.

1. Have you ever been a member of any other Louisiana Public Retirement System?
Yes No
2. If so, please give the name of ***each*** system in which you have been a member and the dates of your membership.
3. Do you have a reciprocal with any other Louisiana Public Retirement System? If so, which system(s) and what are the dates of the service periods.
Yes No
4. Have you ever received a refund from any Louisiana Public Retirement System, including this one?
Yes No
5. If so, what system(s), what were the dates of the refunds, what were the service periods, and what were the amounts of the refunds?
6. Have you purchased credit for your military service in any other public pension plan, including the pension plan for the military? If so, which plans and for which years?
Yes No
7. Are you currently retired from the military? If so, what was the effective date of your retirement?

Signature of Member

Date

PLEASE ATTACH A COPY OF YOUR DD214